



VACCINE ADMINISTRATION REQUEST

DOH 348-099
MSL Generic
(9/22/06)

"I have received the appropriate **Vaccine Information Statement (VIS)**, describing **'What you need to know'** before you or your child receives a vaccine. I have read or have had explained to me the information in this VIS about the vaccine marked below. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine to be received. I ask that the vaccine marked below be given to me or the person named below for whom I am authorized to make this request." [Sign in appropriate row below.]

Clinic _____ County _____

Vaccine: ☐DTp ☐DTaP ☐DT ☐Pertussis ☐Tdap ☐Td ☐Tetanus ☐Hep A ☐Hep B ☐Hep B Adult ☐H-BIG ☐Polio ☐MMR ☐Measles
☐Measles + Rubella ☐Mumps ☐Rubella ☐Varicella ☐Herpes Zoster ☐Rotavirus ☐HPV ☐PCV7 ☐MCV4 ☐MPSV4 ☐_____

Information about person to receive vaccine (please print).						For Clinic Use Only:	
NAME: LAST		FIRST		MIDDLE INITIAL	BIRTHDATE	AGE	CLINIC / OFFICE ADDRESS: _____
							DATE VACCINE ADMINISTERED: _____
							VACCINE MANUFACTURER: _____
ADDRESS: STREET		CITY	COUNTY	STATE	ZIP		VACCINE LOT NUMBER: _____
							SITE OF INJECTION: _____
							SIGNATURE OF VACCINE ADMINISTRATOR: _____
SIGNATURE OF PERSON TO RECEIVE OR PERSON AUTHORIZED TO MAKE THE REQUEST:						X _____	
1 X _____						TITLE OF VACCINE ADMINISTRATOR: _____	
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